PTO/SB/52 (03-02)

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REISSUE APPLICATION DECLARATION BY THE ASSI	GNEE	Docket Number (optional) 01-10-1769
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: Calico Brands, Inc.		
and the title of my position with said assignee is: President		
The entire title to the patent identified below is vested in said assignee.		
Inventor LEE, Thomas Ping Hua	Citizensi Un kn	lown
Residence/Mailing Address (last known) 128 Brent Circle, Inastry, CA 91789		
Inventor	Citizens	hip APR 2 2 2003
Residence/Mailing Address PETITIONS OFFICE		
Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number Date of Patent Issued		
5,971,751 10/26/99		
Title of Invention		
Safety Apparatus of a Piezoelectric Lighter  I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is		
described and claimed in said patent, for which a reissue patent is sought on the invention entitled:  Safety Apparatus of a Piezoelectric Lighter		
the specification of which		
is attached hereto.		
was filed on 10/26/01 as reissue application number 10 / 039,578 and was amended on 10/26/01 (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
l verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
by reason of a defective specification or drawing.		
by reason of the patentee claiming more or less than he had the right to claim in the patent.		
by reason of other errors.		
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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/52 (03-02)
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## Docket Number (Optional) REISSUE APPLICATION DECLARATION BY THE ASSIGNEE 01-10-1769 At least one error upon which reissue is based is described as follows: Broadening of Claims: the applicant brings this reissue application by reason of the patentee claiming less than he had the right to claim in the patent. The applicant has added new claims 7 and 8 in order to better describe the invention as disclosed in Figs. 2-4 and Columns3, 1n35 to Column 5, ln8 of the specification [Attach additional sheets, if needed.] All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. I hereby appoint the following attermey(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) Registration Number Noseph Trojan 34\_264 Roy A. Kim 51,833 Jessica J. Slusser 50,890 Correspondence Address: Direct all communications about the application to: Place Customer Customer Number 23388 Number Bar Code Label Here Type Customer Number Here OR Firm or Individual Trojan Law Offices Name **Address** 9250 Wilshire Blvd., Suite 325 Address Beverly Hills 90212 CA State Zip City Country Fax Telephone 310-777-8399 310-777-8348 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of person signing (given name, family name) Felix Hon Signature Date Address of Assignee 2055 South Haven Ave. Ontario, CA 91761